| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: | Identify Yourself | | |
|-----|---------------------|---|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | You | r full name | | |
| | you pictu exa | e the name that is on r government-issued ure identification (for mple, your driver's | Barbara First name J. | First name |
| | licer | nse or passport). | Middle name | Middle name |
| | iden | g your picture utification to your eting with the trustee. | Slade-Lanier Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | | other names you have d in the last 8 years | | |
| | | ude your married or den names. | | |
| 3. | you nun Indi | y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number | xxx-xx-4698 | |
| | | | | |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | doing business as names | 243.1355 | 2001:000 1.001:0(0) |
| | | EINs | EINs |
| 5. | Where you live | 1014 Evangeline Road | If Debtor 2 lives at a different address: |
| | | Cleveland, OH 44110 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cuyahoga | Number, Street, Sity, State & Zir Code |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| Deb | tor 1 | Barbara J. Slade-L | _anier | | | | Case r | number (if known) | |
|-----|------------------------|---|------------|------------|--|-------------------------|---------------------|--------------------------|-----------------------------------|
| | | | | | | | | | |
| Par | t 2: | Tell the Court About | our Bank | ruptcy Ca | se | | | | |
| 7. | Bank | chapter of the gruptcy Code you are | | | orief description of each, see go to the top of page 1 and o | | | C. § 342(b) for Individu | uals Filing for Bankruptcy |
| | cnoc | sing to file under | ☐ Chapt | er 7 | | | | | |
| | | | ☐ Chapt | er 11 | | | | | |
| | | | ☐ Chapt | er 12 | | | | | |
| | | | ■ Chapt | er 13 | | | | | |
| 8. | How | you will pay the fee | abo ord | out how yo | entire fee when I file my pour may pay. Typically, if you a attorney is submitting your praddress. | are paying | the fee yourself, | you may pay with cash | n, cashier's check, or money |
| | | | | | the fee in installments. If y | | e this option, sign | and attach the Applica | ation for Individuals to Pay |
| | | | ☐ I re | quest tha | | ay request may do so | only if your inco | me is less than 150% o | of the official poverty line that |
| | | | | | ur family size and you are una on to Have the Chapter 7 Filir | | | | |
| 9. | | you filed for ruptcy within the | □ No. | | | | | | |
| | last 8 | B years? | Yes. | | | | | | |
| | | | | District | Northern District of Ohio, Cleveland | When | 12/17/15 | Case number | 15-17147-AIH |
| | | | | District | Northern District of Ohio, Cleveland | When | 5/04/12 | Case number | 12-13436-AIH |
| | | | | District | _ | When | | Case number | |
| 10. | Are a | any bankruptcy s pending or being | ■ No | | | | | | |
| | filed not f you, | by a spouse who is iling this case with or by a business ner, or by an | ☐ Yes. | | | | | | |
| | | | | Debtor | | | | Relationship to y | /ou |
| | | | | District | | When | | Case number, if | known |
| | | | | Debtor | | | | Relationship to y | /ou |
| | | | | District | | When | | Case number, if | known |
| 11. | | ou rent your | ■ No. | Go to li | ine 12. | | | | |
| | resio | lence? | ☐ Yes. | Has yo | ur landlord obtained an evict | ion judgm | ent against you a | nd do you want to stay | in your residence? |
| | | | | | No. Go to line 12. | | | | |
| | | | | | Yes. Fill out <i>Initial Statemen</i> bankruptcy petition. | nt About ai | n Eviction Judgme | ent Against You (Form | 101A) and file it with this |

| | | _anier | | Case number (if known) |
|------|---|------------------------------------|--|--|
| | | | | |
| art | 21 Papart About Any Ru | oineces | You Own as a Sole Prop | victor |
| | , , , | 1511165565 | Tou Own as a Sole Frop | nietoi |
| | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | |
| | | ☐ Yes. | Name and location of | business |
| | A sole proprietorship is a | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if a | |
| | If you have more than one sole proprietorship, use a | | Number, Street, City, | State & ZIP Code |
| | separate sheet and attach it to this petition. | | Check the appropriate | e box to describe your business: |
| | | | | usiness (as defined in 11 U.S.C. § 101(27A)) |
| | | | ☐ Single Asset R | Real Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | ☐ Stockbroker (a | as defined in 11 U.S.C. § 101(53A)) |
| | | | ☐ Commodity Br | oker (as defined in 11 U.S.C. § 101(6)) |
| | | | ☐ None of the above | pove |
| | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadline operation in 11 U.S | s. If you indicate that you a | the court must know whether you are a small business debtor so that it can set appropriate are a small business debtor, you must attach your most recent balance sheet, statement of and federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | r ann not ming under C | партег 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chap Code. | ter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am filing under Chap | ter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Part | 4: Report if You Own or | Have Any | y Hazardous Property or | Any Property That Needs Immediate Attention |
| 4. | Do you own or have any | ■ No. | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed | 1? |
| | For example, do you own | | • | |
| | perishable goods, or livestock that must be fed, or a building that needs | | Where is the property? | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code |
| | | | | |
| | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

| Deb | tor 1 Barbara J. Slade-I | ₋anier | | Case numb | er (if known) |
|------|--|-----------------------|---|---|---|
| Part | 6: Answer These Quest | ions for Re | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily constinuity individual primarily for a persona | | fined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ess debts? Business debts are debts ent or through the operation of the bus | |
| | | | □ No. Go to line 16c. | one of amought and operation of the bas | Silves of mives anoma. |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | | that are not consumer debts or busine | ess debts |
| | | | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. (| Go to line 18. | |
| | Do you estimate that after any exempt | ☐ Yes. | | ou estimate that after any exempt prople to distribute to unsecured creditors | perty is excluded and administrative expenses ? |
| | property is excluded and administrative expenses | | □No | | |
| | are paid that funds will be available for | | ☐ Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | ■ 1-49 | | □ 1,000-5,000 | ☐ 25,001-50,000 |
| | you estimate that you owe? | ■ 1-49 □ 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 |
| | owe : | □ 100-1 | | □ 10,001-25,000 | ☐ More than100,000 |
| | | 200-9 | 99 | | |
| 19. | How much do you | □ \$0 - \$9 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | — \$500,0 | | | _ including the same in |
| 20. | How much do you estimate your liabilities | □ \$0 - \$9 | | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion |
| | to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | 001 - \$500,000 001 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| | <u> </u> | ω ψουσ, | γοτ - ψτ million | | · |
| Part | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I declare | under penalty of perjury that the infor | mation provided is true and correct. |
| | | | | m aware that I may proceed, if eligible available under each chapter, and I c | e, under Chapter 7, 11,12, or 13 of title 11, hoose to proceed under Chapter 7. |
| | | | | pay or agree to pay someone who is notice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this |
| | | I request | relief in accordance with the chap | ter of title 11, United States Code, spe | ecified in this petition. |
| | | bankrupto and 3571 | cy case can result in fines up to \$2. | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, |
| | | Barbara | ara J. Slade-Lanier J. Slade-Lanier of Debtor 1 | Signature of Debte | or 2 |
| | | Executed | on January 30, 2017 | Executed on | |
| | | | MM / DD / YYYY | MN | M / DD / YYYY |

| Debtor 1 | Barbara J. Slade-Lanier | Case number (if known) | |
|----------|-------------------------|------------------------|--|
| | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Melissa L. Resar | Date | January 30, 2017 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Melissa L. Resar | | |
| Printed name | | |
| Rauser & Associates | | |
| Firm name | | |
| 614 W. Superior # 950 | | |
| Cleveland, OH 44113 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 216-263-6200 | Email address | www.ohiolegalclinic.com |
| 0071963 | | |
| Bar number & State | | |

| Fill i | n this information to identify yo | our case: | | | |
|---------|---|---|--|--------------|-------------------------------|
| Debt | or 1 Barbara J. Sla | de-Lanier | | | |
| Debt | First Name | Middle Name | Last Name | | |
| | se if, filing) First Name | Middle Name | Last Name | | |
| Unite | d States Bankruptcy Court for the | e: NORTHERN DISTRICT | OF OHIO | | |
| | number | | | | |
| (if kno | wn) | | | | k if this is an ded filing |
| | | | | umon | aca iiiiig |
| ∩ff | icial Form 106Sum | | | | |
| | | s and Liabilities an | nd Certain Statistical Information | | 12/15 |
| infor | nation. Fill out all of your scheooriginal forms, you must fill ou | dules first; then complete th | are filing together, both are equally responsible for the information on this form. If you are filing amend at the top of this page. | | |
| Tart | ounmanze rour Assets | | | Your a | a a a ta |
| | | | | | of what you own |
| 1. | Schedule A/B: Property (Officia 1a. Copy line 55, Total real estat | ıl Form 106A/B) e, from Schedule A/B | | \$ | 52,000.00 |
| | 1b. Copy line 62, Total personal | property, from Schedule A/B | | \$ | 21,094.86 |
| | 1c. Copy line 63, Total of all prop | erty on Schedule A/B | | \$ | 73,094.86 |
| Part | 2: Summarize Your Liabilitie | s | | | |
| | | | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have 2a. Copy the total you listed in C | | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | \$ | 56,538.96 |
| 3. | Schedule E/F: Creditors Who Ha | ve Unsecured Claims (Official | I Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 102.74 |
| | | | laims) from line 6j of <i>Schedule E/F</i> | \$ | 120,417.03 |
| | | ` , | , | | -, |
| | | | Your total liabilities | \$ | 177,058.73 |
| Part | 3: Summarize Your Income a | and Expenses | | | |
| 4. | Schedule I: Your Income (Officia Copy your combined monthly inc | | I | \$ | 1,991.81 |
| 5. | Schedule J: Your Expenses (Officopy your monthly expenses from | | | \$ | 1,590.85 |
| Part | 4: Answer These Questions | for Administrative and Stati | stical Records | | |
| 6. | Are you filing for bankruptcy u | | heck this box and submit this form to the court with yo | ur othor oo | hadulaa |
| | | on on the part of the loth. Of | THE COURT WITH YOU | ui olliel SC | nodules. |
| 7. | ■ Yes What kind of debt do you have | ? | | | |
| | | | debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

2,610.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 102.74 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 73,490.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 73,592.74 |

| Debtor 1 | Barbara J. Sl | ade-Lanier | | | | | |
|---|---|--------------------|-------------|--|--|---|---|
| | First Name | Middle | Name | Last Name | | | |
| ebtor 2 Spouse, if filing) | First Name | Middle | e Name | Last Name | | | |
| nited States B | sankruptcy Court for t | he: NORTHER | N DISTE | RICT OF OHIO | | | |
| | , , | | | | | | _ |
| ase number | | | | | | | ☐ Check if this is a amended filing |
| | | | | | | | |
| fficial Fo | orm 106A/B | | | | | | |
| chedu | le A/B: Pr | operty | | | | | 12/15 |
| | | | | Estate You Own or Have an Interest In ence, building, land, or similar property? | | | |
| Yes. Where | art 2. is the property? angeline Rd. s, if available, or other desc | ription | □ ■ □ | is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative | the amount of | f any secure | nims or exemptions. Put d claims on <i>Schedule D:</i> ns Secured by Property. |
| Yes. Where | e is the property? angeline Rd. s, if available, or other desc | ription 44110-0000 | ■ | Single-family home Duplex or multi-unit building | the amount of | f any secured to Have Clain to the Have Clain to the end of the | d claims on Schedule D: |
| Yes. Where | e is the property? angeline Rd. s, if available, or other desc | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | the amount o Creditors Wh Current valuentire proper | f any secured to Have Clain to the Have Clain to the end of the | d claims on Schedule D: ns Secured by Property. Current value of the |
| Yes. Where | angeline Rd. s, if available, or other desc | 44110-0000 | □ ■ □ | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current valuentire proper \$52 Describe the | f any secured on Have Claim e of the rty? 2,000.00 e nature of y | current value of the portion you own? \$52,000.0 |
| Yes. Where | angeline Rd. s, if available, or other desc | 44110-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Current valuentire proper \$52 Describe the (such as fee a life estate) | e of the rty? 2,000.00 e nature of y simple, ten;, if known. | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? |
| 1014 Eva Street address Clevelan City | angeline Rd. s, if available, or other desc | 44110-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only | Current valuentire proper \$52 Describe the (such as fee | e of the rty? 2,000.00 e nature of y simple, ten;, if known. | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$52,000.0 |
| 1014 Eva Street address Clevelan City Cuyahog | angeline Rd. s, if available, or other desc | 44110-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current valuentire proper \$52 Describe the (such as fee a life estate) | e of the rty? 2,000.00 e nature of y simple, ten;, if known. | d claims on Schedule D: ns Secured by Property. Current value of the portion you own? \$52,000.0 |
| 1014 Eva Street address Clevelan City | angeline Rd. s, if available, or other desc | 44110-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current valuentire proper \$52 Describe the (such as fee a life estate). Fee simpl | e of the rty? 2,000.00 e nature of y simple, ten; if known. | current value of the portion you own? \$52,000.0 |
| 1014 Eva Street address Clevelan City | angeline Rd. s, if available, or other desc | 44110-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current valuentire proper \$52 Describe the (such as fee a life estate). Fee simpl | e of the rty? e,000.00 e nature of y simple, tens, if known. | Current value of the portion you own? \$52,000.0 our ownership interest ancy by the entireties, |
| Yes. Where | angeline Rd. s, if available, or other desc | 44110-0000 | Who I | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this iterty identification number: | Current valuentire proper \$52 Describe the (such as fee a life estate). Fee simpl | e of the rty? e,000.00 e nature of y simple, tens, if known. | Current value of the portion you own? \$52,000.0 our ownership interest ancy by the entireties, of |
| 1 1014 Eva Street address Clevelan City Cuyahog | angeline Rd. s, if available, or other desc | 44110-0000 | Who I | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another information you wish to add about this if | Current valuentire proper \$52 Describe the (such as fee a life estate). Fee simpl | e of the rty? e,000.00 e nature of y simple, tens, if known. | Current value of the portion you own? \$52,000.0 our ownership interest ancy by the entireties, of |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt | or 1 B | arbara J. Slade-Lanier | | ase number (if known) | |
|---------------|---------------|---|---|--|---|
| 3. C a | ırs, vans, | trucks, tractors, sport utility v | ehicles, motorcycles | | |
| | NI- | | | | |
| _ | | | | | |
| - | Yes | | | | |
| 3.1 | Make: | Ford | Who has an interest in the property? Check one | | d claims or exemptions. Put |
| 5.1 | Model: | Escape | ■ Debtor 1 only | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2005 | ☐ Debtor 2 only | | Current value of the |
| | Approxin | nate mileage: 60,000 miles | Debtor 1 and Debtor 2 only | Current value of the entire property? | portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | unning | - | \$5,700.00 | \$5,700.00 |
| | | on: 1014 Evangeline Rd., and OH 44110 | ☐ Check if this is community property (see instructions) | φ3,700.00 | φ3,700.00 |
| | Cievei | and On 44110 | · , , | | |
| 3.2 | Make: | Ford | Who has an interest in the property? Check one | | d claims or exemptions. Put |
| | Model: | Taurus | ■ Debtor 1 only | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2007 | ☐ Debtor 2 only | | , , |
| | | 163,000 | | Current value of the | Current value of the |
| | Approxin | nate mileage: miles | ☐ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | | ormation: | At least one of the debtors and another | | |
| | Debto | r's Possession | ☐ Check if this is community property | \$1,500.00 | \$1,500.00 |
| | | | (see instructions) | | |
| | | | | | |
| | | | wn for all of your entries from Part 2, including a | | \$7,200.00 |
| • | J , | | | | |
| Part 3 | 3: Descri | oe Your Personal and Household I | Items | | |
| Do y | ou own o | r have any legal or equitable ii | nterest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| E | | goods and furnishings Major appliances, furniture, linen | s, china, kitchenware | | · |
| | Yes. De | scribe | | | |
| | | Hausahald Ca | ado and Eurnichings | | \$4,000.00 |
| | | nousenoid Go | ods and Furnishings | | Ψ4,000.00 |
| | | | | | |
| E. | | Televisions and radios; audio, vio | deo, stereo, and digital equipment; computers, print media players, games | ers, scanners; music colle | ections; electronic devices |
| | No Yes. De | scribe | | | |
| ۰ ۰ | Mootibles | of value | | | |
| E. | | | , prints, or other artwork; books, pictures, or other a ollectibles | rt objects; stamp, coin, or | baseball card collections; |
| | No Yes. De | scribe | | | |
| | | | | | |

| Debtor 1 | Barbara J. S | Slade-Lanier | | Case number (if known) | |
|---|---|--------------------------------|----------------------------------|---|---|
| Exam _i | ment for sports a ples: Sports, photo musical instr | graphic, exercise, and other | hobby equipment; bicycles, po | ool tables, golf clubs, skis; canoes | and kayaks; carpentry tools; |
| ■ No □ Yes | s. Describe | | | | |
| ■ No | mples: Pistols, rifle | s, shotguns, ammunition, an | d related equipment | | |
| ⊔ Yes | s. Describe | | | | |
| 11. Clo th <i>Exar</i> □ No | | othes, furs, leather coats, de | esigner wear, shoes, accessorie | PS . | |
| ■ Yes | s. Describe | | | | |
| | | Wearing Apparel | | | \$1,500.00 |
| □ No | • | welry, costume jewelry, enga | agement rings, wedding rings, h | neirloom jewelry, watches, gems, ç | gold, silver |
| | | Jewelry, Debtor's Pos | session | | \$100.00 |
| ■ No □ Yes 14. Any o ■ No | mples: Dogs, cats, s. Describe other personal an s. Give specific inf | d household items you dic | া not already list, including ar | ny health aids you did not list | |
| | | | Part 3, including any entries f | | \$5,600.00 |
| Part 4: D | Describe Your Finan | cial Assets | | | |
| Do you o | own or have any l | egal or equitable interest i | n any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | mples: Money you | have in your wallet, in your h | | d on hand when you file your petiti | on |
| 17. Depo | esits of money mples: Checking, s | avings, or other financial acc | | hares in credit unions, brokerage each. | houses, and other similar |
| | 5 | | Institution name: | | |
| | | 17.1. Checking | Key Bank | | \$1.00 |

| De | btor 1 | Barbara J. Slade-Lanier | Case number (if known) | |
|-----|-----------------|--|--|---|
| | Examp | mutual funds, or publicly traded stocks les: Bond funds, investment accounts with broker | age firms, money market accounts | |
| | ■ No □ Yes | Institution or issuer nam | ne: | |
| 19. | Non-pu | | ed and unincorporated businesses, including an interest in a | an LLC, partnership, and |
| | No | | | |
| | ☐ Yes. | Give specific information about them Name of entity: | % of ownership: | |
| | Negoti | ment and corporate bonds and other negotials able instruments include personal checks, cashier egotiable instruments are those you cannot transfer and the contract of the con | 's' checks, promissory notes, and money orders. | |
| | _ | Give specific information about them Issuer name: | | |
| | | nent or pension accounts les: Interests in IRA, ERISA, Keogh, 401(k), 403(l | b), thrift savings accounts, or other pension or profit-sharing plans | S |
| | Yes. | List each account separately. | | |
| | | Type of account: | Institution name: | |
| | | Pension | Schwebles Bakers' Union | \$8,293.86 |
| | Your sl | | nt you may continue service or use from a company lic utilities (electric, gas, water), telecommunications companies, | or others |
| | | | Institution name or individual: | |
| | | es (A contract for a periodic payment of money to | | |
| | ■ No | es (A contract for a periodic payment of money to | you, ethic for the or for a number of years) | |
| | ☐ Yes | Issuer name and description. | | |
| | | s in an education IRA, in an account in a quali \mathbb{C} . §§ 530(b)(1), 529A(b), and 529(b)(1). | fied ABLE program, or under a qualified state tuition prograi | n. |
| | □ Yes | Institution name and description. Se | eparately file the records of any interests.11 U.S.C. § 521(c): | |
| | Trusts, ■ No | equitable or future interests in property (other | r than anything listed in line 1), and rights or powers exercis | able for your benefit |
| | ☐ Yes. | Give specific information about them | | |
| | | s, copyrights, trademarks, trade secrets, and o les: Internet domain names, websites, proceeds f | | |
| | | Give specific information about them | | |
| | | es, franchises, and other general intangibles les: Building permits, exclusive licenses, coopera | tive association holdings, liquor licenses, professional licenses | |
| | ☐ Yes. | Give specific information about them | | |
| Мс | ney or p | property owed to you? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |

| De | ebtor 1 | Barbara J. Slade-Lanier | Case number (if known) | |
|-----|------------------------|---|--|--------------------------|
| 28. | Tax re | funds owed to you | | |
| | ■ No | | | |
| | ☐ Yes. | Give specific information about them, including whether you alre | eady filed the returns and the tax years | |
| | | | | |
| 29. | Family | support | | |
| | | oles: Past due or lump sum alimony, spousal support, child supp | ort, maintenance, divorce settlement, property | settlement |
| | ■ No | | | |
| | ☐ Yes. | Give specific information | | |
| | . | | | |
| 30. | | amounts someone owes you oles: Unpaid wages, disability insurance payments, disability ber | nefits, sick pay, vacation pay, workers' compe | nsation. Social Security |
| | , | benefits; unpaid loans you made to someone else | 1 12,11 12,11 | , |
| | ■ No | | | |
| | ☐ Yes. | Give specific information | | |
| 31. | | sts in insurance policies | | |
| | Exam _l ■ No | oles: Health, disability, or life insurance; health savings account | (HSA); credit, homeowner's, or renter's insurar | nce |
| | | Name the insurance company of each policy and list its value. | | |
| | — 103. | Company name: | Beneficiary: | Surrender or refund |
| | | | | value: |
| 32. | | terest in property that is due you from someone who has di | | |
| | • | are the beneficiary of a living trust, expect proceeds from a life in one has died. | nsurance policy, or are currently entitled to rece | eive property because |
| | ■ No | no nao dioa. | | |
| | ☐ Yes. | Give specific information | | |
| | | | | |
| 33. | | s against third parties, whether or not you have filed a lawsu | | |
| | Exam _i ■ No | oles: Accidents, employment disputes, insurance claims, or right | s to sue | |
| | _ | Describe each claim | | |
| | | | | |
| 34. | _ | contingent and unliquidated claims of every nature, includir | ng counterclaims of the debtor and rights to | set off claims |
| | ■ No | Describe each claim | | |
| | | | | |
| 35. | _ ` | nancial assets you did not already list | | |
| | ■ No | Give specific information | | |
| | □ 165. | Give specific information | | |
| 36 | . Add t | the dollar value of all of your entries from Part 4, including a | iny entries for pages you have attached | # 0.004.00 |
| | for P | art 4. Write that number here | | \$8,294.86 |
| _ | | | | |
| Рa | rt 5: De | scribe Any Business-Related Property You Own or Have an Interest | In. List any real estate in Part 1. | |
| | _ ′ | own or have any legal or equitable interest in any business-related p | property? | |
| | | o to Part 6. | | |
| ı | ☐ Yes. (| Go to line 38. | | |
| | | | | |
| Pa | | scribe Any Farm- and Commercial Fishing-Related Property You Ow | n or Have an Interest In. | |
| | If y | ou own or have an interest in farmland, list it in Part 1. | | |
| 46. | Do you | own or have any legal or equitable interest in any farm- or | commercial fishing-related property? | |
| | ■ No. | Go to Part 7. | | |
| | ☐ Yes | s. Go to line 47. | | |
| | | _ | | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That You Di | d Not List Above | |

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Official Form 106A/B

page 5

Schedule A/B: Property

| | | | · · · · · · · · · · · · · · · · · · · | |
|----------------|--|-----------------|---------------------------------------|-------------|
| | you have other property of any kind you did not already list amples: Season tickets, country club membership | ? | | |
| ☐ Ye | es. Give specific information | | | |
| 54. A d | ld the dollar value of all of your entries from Part 7. Write th | nat number here | | \$0.00 |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Pa | rt 1: Total real estate, line 2 | | | \$52,000.00 |
| 56. Pa | rt 2: Total vehicles, line 5 | \$7,200.00 | _ | |
| 57. Pa | rt 3: Total personal and household items, line 15 | \$5,600.00 | | |
| 58. Pa | rt 4: Total financial assets, line 36 | \$8,294.86 | | |
| 59. Pa | rt 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Pa | rt 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Pa | rt 7: Total other property not listed, line 54 | \$0.00 | | |
| 62. To | tal personal property. Add lines 56 through 61 | \$21,094.86 | Copy personal property total | \$21,094.86 |
| 63. To | tal of all property on Schedule A/B. Add line 55 + line 62 | | | \$73,094.86 |

| Debtor 1 | Barbara J. Sla | de-Lanier | | |
|---------------------|----------------|-------------|-----------|-----------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| Case number | | | | |
| Case number | | | | ☐ Check if this is an |
| (if known) | | | | |

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | It 1: Identify the Property You Claim as E | xempt | | | |
|----|---|--------------------------------------|-----------------------------------|---|---|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | our spouse is filing with you. | |
| | You are claiming state and federal nonban | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | | | |
| | 1014 Evangeline Rd. Cleveland, OH 44110 Cuyahoga County | \$52,000.00 | | \$20,018.00 | Ohio Rev. Code Ann. § 2329.66(A)(1) |
| | Debtor's Residence Parcel #115-31-013 Date of Purchase: Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Line from Schedule A/B: 1.1 | | | | |
| | 2005 Ford Escape 60,000 miles miles Not Running | \$5,700.00 | | \$3,450.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) |
| | Location: 1014 Evangeline Rd., Cleveland OH 44110 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(: 5)(2) |
| | 2005 Ford Escape 60,000 miles miles Not Running | \$5,700.00 | | \$364.97 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | Location: 1014 Evangeline Rd., Cleveland OH 44110 Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(10) |
| | 2007 Ford Taurus 163,000 miles | \$1 500 00 | | \$860.03 | Ohio Rev. Code Ann. § |

Official Form 106C

miles

Debtor's Possession

Line from Schedule A/B: 3.2

Schedule C: The Property You Claim as Exempt

\$1,500.00

page 1 of 2

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\$860.03

100% of fair market value, up to any applicable statutory limit

2329.66(A)(18)

| De | ebtor 1 Barbara J. Slade-Lanier | | | Case number (if known) | |
|----|--|--------------------------------------|---------|---|--|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Household Goods and Furnishings Line from Schedule A/B: 6.1 | \$4,000.00 | | \$4,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line Horri Goriedale 775. GT | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(: 1)(: 1)(0) |
| | Wearing Apparel Line from Schedule A/B: 11.1 | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line Holl Schedule A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(\)(\)(\) |
| | Jewelry, Debtor's Possession Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| | Line Holl Schedule A/D. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(4)(D) |
| | Checking: Key Bank Line from Schedule A/B: 17.1 | \$1.00 | | \$1.00 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | Line Holl Goredale A/D. 1111 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(1)(0) |
| | Pension: Schwebles Bakers' Union Line from Schedule A/B: 21.1 | \$8,293.86 | | \$8,293.86 | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| | Line Holl Goldade A.D. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10)(B) |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmer | nt.) |
| | ■ No | | | | |
| | ☐ Yes. Did you acquire the property cover | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| Fill in this information | n to identify you | r casa: | | | | |
|--|----------------------------|---|-----------------|---|--|----------------------------|
| | | | | | | |
| | arbara J. Slade st Name | e-Lanier Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) Fir | st Name | Middle Name | Last Name | | | |
| United States Bankrup | tcy Court for the: | NORTHERN DISTRICT OF O | HIO | | | |
| · | • | | | | | |
| Case number(if known) | | | | | | if this is an ed filing |
| Official Form 10 |)6D | | | | | |
| | | Who Have Claims | Secure | ed by Property | / | 12/15 |
| | | f two married people are filing togeth out, number the entries, and attach it | | | | |
| 1. Do any creditors have | claims secured by | your property? | | | | |
| ☐ No. Check this | box and submit th | nis form to the court with your other | r schedules. | You have nothing else to | report on this form. | |
| Yes. Fill in all of | f the information b | pelow. | | | | |
| Part 1: List All Sec | ured Claims | | | | | |
| | | nore than one secured claim, list the cre | | | Column B | Column C |
| | | a particular claim, list the other creditor cal order according to the creditor's name | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Caliber Home | Loans | Describe the property that secures | the claim: | \$41,760.18 | \$52,000.00 | \$0.00 |
| Creditor's Name | | 1014 Evangeline Rd. Clevel 44110 Cuyahoga County Debtor's Residence Parcel #115-31-013 | and, OH | | | |
| Bankruptcy Do | • | Date of Purchase: | | | | |
| Oklahoma City | - | As of the date you file, the claim is: apply. | Check all that | | | |
| 73124-0330 | | Contingent | | | | |
| Number, Street, City, S | State & Zip Code | Unliquidated | | | | |
| Who owes the debt? | Shook one | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | rieck one. | ☐ An agreement you made (such as | mortgage or s | ecured | | |
| Debtor 2 only | | car loan) | mortgago or o | odulou | | |
| Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | |
| Check if this claim re community debt | elates to a | Other (including a right to offset) | Mortgage | | | |
| Date debt was incurred | 05/16/1996 | Last 4 digits of account num | ber <u>5456</u> | <u> </u> | | |
| Cuyahoga Co | unty Fiscal | | | ¢4 404 7C | ¢52,000,00 | * 0.00 |
| Creditor's Name | | Describe the property that secures | | \$4,404.76 | \$52,000.00 | \$0.00 |
| Oreditor 3 Name | | 1014 Evangeline Rd. Clevel 44110 Cuyahoga County | and, OH | | | |
| | | Debtor's Residence | | | | |
| | | Parcel #115-31-013 | | | | |
| 0070 5 01 | 0 4 | Date of Purchase: As of the date you file, the claim is: | Check all that | | | |
| 2079 East 9th Cleveland, OH | | apply. | | | | |
| Number, Street, City, S | | ☐ Contingent ☐ Unliquidated | | | | |
| , 2, 5.10, 6 | | ☐ Disputed | | | | |
| Who owes the debt? | Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only ■ Debtor 2 only | | An agreement you made (such as car loan) | mortgage or s | ecured | | |
| Debtor 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

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Best Case Bankruptcy

| Debtor 1 Barbara J. Slade-Lanier | r | Case number (if know) | | |
|---|---|--|-------------|------------|
| First Name Middle N | Name Last Name | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) Property | Taxes | | |
| community debt | — Other (including a right to onset) | | | |
| Date debt was incurred 2012 | Last 4 digits of account number 1013 | 3 | | |
| 2.3 GM Financial | Describe the property that secures the claim: | \$1,330.86 | \$5,700.00 | \$0.00 |
| Creditor's Name | 2005 Ford Escape 60,000 miles | | ψ3,7 00.00 | ψ0.00 |
| | miles | | | |
| | Not Running | | | |
| | Location: 1014 Evangeline Rd., | | | |
| | Cleveland OH 44110 | | | |
| PO Box 181145 | As of the date you file, the claim is: Check all that apply. | | | |
| Arlington, TX 76096 | Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | car loan) | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Automob | oile Loan | | |
| Date debt was incurred 2012 | Last 4 digits of account number 8748 | B | | |
| 2.4 Integrity Funding Ohio | Describe the property that secures the claim: | \$985.17 | \$1,500.00 | \$0.00 |
| Creditor's Name | 2007 Ford Taurus 163,000 miles | | | |
| | miles | | | |
| 3440 Preston Ridge Rd., STE 500 | Debtor's Possession As of the date you file, the claim is: Check all that | | | |
| Alpharetta, GA 30005 | apply. | | | |
| Number, Street, City, State & Zip Code | ☐ Contingent☐ Unliquidated | | | |
| Number, Street, Sity, State & Zip Code | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as mortgage or s | secured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) title loan | | | |
| community debt | | | | |
| Date debt was incurred 2015 | Last 4 digits of account number 4698 | <u> </u> | | |
| 2.5 Tax Lien Law Group | Describe the property that secures the claim: | \$3,519.34 | \$52,000.00 | \$2,222.93 |
| Creditor's Name | 1014 Evangeline Rd. Cleveland, OH | | | |
| | 44110 Cuyahoga County | | | |
| | Debtor's Residence | | | |
| | Parcel #115-31-013 Date of Purchase: | | | |
| 27 North Wacker Dr., | As of the date you file, the claim is: Check all that | | | |
| #503 | apply. | | | |
| Chicago, IL 60606 | Contingent | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | Disputed | | | |
| _ | Nature of lien. Check all that apply. | a a a u ma d | | |
| Debtor 1 only | | securea | | |
| Debtor 2 only | , | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

| Debtor 1 Barbara J. Slade-Lanier | | | Case number (if know) | | |
|--|--|-------------------|-----------------------------------|------------------------------|-------------|
| First Name Middle Na | ame Last Name | _ | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | criariic 3 lierij | | | |
| ☐ Check if this claim relates to a | Other (including a right to offset) | Property | Tax Lien | | |
| community debt | (| | | | |
| Date debt was incurred 2010 | Last 4 digits of account num | ber <u>139</u> | 5 | | |
| 2.6 Tax Lien Law Group | Describe the property that secures | the claim: | \$4,538.65 | \$52,000.00 | \$0.00 |
| Creditor's Name | 1014 Evangeline Rd. Clevel | | | <u> </u> | |
| | 44110 Cuyahoga County | , | | | |
| | Debtor's Residence | | | | |
| | Parcel #115-31-013 | | | | |
| 27 North Wacker Dr., | Date of Purchase: As of the date you file, the claim is: | Check all that | | | |
| #503 | apply. | Oncon an ina | | | |
| Chicago, IL 60606 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 only | ☐ An agreement you made (such as | mortagae or | secured | | |
| Debtor 2 only | car loan) | mortgago or t | 5000100 | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, me | chanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | criariic s ileri) | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | Property | Tax Lien | | |
| Date debt was incurred 2009 | Last 4 digits of account num | ber <u>154</u> | 5 | | |
| | | | | | |
| Add the dollar value of your entries in C | olumn A on this nago. Write that num | hor horo: | \$56,538.9 | 26 | |
| If this is the last page of your form, add | · • | | · · | | |
| Write that number here: | . 5 | | \$56,538.9 | 96 | |
| Part 2: List Others to Be Notified fo | r a Debt That You Already Listed | | | | |
| Use this page only if you have others to be | | | ou already listed in Part 1. Fo | r example, if a collection | agency is |
| trying to collect from you for a debt you o | we to someone else, list the creditor | in Part 1, and | d then list the collection agen | cy here. Similarly, if you h | nave more |
| than one creditor for any of the debts that debts in Part 1, do not fill out or submit th | | ii creditors n | ere. If you do not have addition | onal persons to be notine | u for any |
| | | | | | |
| Name, Number, Street, City, State & Z | Zip Code | On w | hich line in Part 1 did you enter | the creditor? 2.3 | |
| AmeriCredit PO Box 183593 | | Loot | 4 digita of account number | | |
| Arlington, TX 76096 | | Lasi | 4 digits of account number | | |
| _ | | | | | |
| Name, Number, Street, City, State & 2 | Zin Code | 0 | | | |
| Beneficial Financial | ip code | On w | hich line in Part 1 did you enter | the creditor? | |
| 2929 Walden Ave. | | Last | 4 digits of account number 06 | <u> </u> | |
| Depew, NY 14043 | | | | | |
| | | | | | |
| Name, Number, Street, City, State & 2 | Zip Code | On w | hich line in Part 1 did you enter | the creditor? 2.5 | |
| Capital Source Bank | | | · | | |
| 24831 Network Place | | Last | 4 digits of account number | | |
| Chicago, IL 60673 | | | | | |
| □ | 7. 0. 1 | | | | |
| Name, Number, Street, City, State & Z | Zip Code | On w | hich line in Part 1 did you enter | the creditor? 2.6 | |
| Capital Source Bank 24831 Network Place | | l act | 4 digits of account number | | |
| Chicago, IL 60673 | | Last | angles of account fluitibel | | |
| | | | | | |

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 3 of 3

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| Fill | in this inform | nation to identify your cas | se: | | | | | | |
|--------------------------------------|---|--|---|---------------------------------------|--------------|--------------------------|---|-------------------------|---------------------|
| | otor 1 | Barbara J. Slade-La | | | | | | | |
| Der | DIOI I | First Name | Middle Name | Last Nam | - | | | | |
| | otor 2 | | | | | | | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Nam |) | | | | |
| Uni | ted States Ba | inkruptcy Court for the: | ORTHERN DISTRIC | CT OF OHIO | | | | | |
| Cas | se number | | | | | | | | |
| (if kn | nown) | | | | | | | Check if the amended to | |
| ∩ff | icial Forn | n 106E/F | | | | | | | |
| | | :/F: Creditors Wh | o Have Unse | cured Claim | S | | | | 12/15 |
| Sche left. A name Par 1. | edule D: Credit Attach the Cor e and case nui | ntory Contracts and Unexpired cors Who Have Claims Secure ntinuation Page to this page. I mber (if known). Il of Your PRIORITY Unsecured cors have priority unsecured cors Part 2. | d by Property. If more f you have no informa cured Claims | space is needed, co | py the Pai | t you need, fill it ou | t, number the | entries in the | e boxes on the |
| | Yes. | an 2. | | | | | | | |
| | (For an explan | than one creditor holds a partic ation of each type of claim, see f Ohio Department of | | | booklet.) | Total claim | Priority amount | an | onpriority nount |
| 2.1 | Taxatio | n . | Last 4 digits | of account number | 4698 | \$102.7 | <u>'4 </u> | 102.74 | \$0.00 |
| | P.O. Bo | reditor's Name ox 182402 ous, OH 43218 | When was th | ne debt incurred? | 2014 | | | | |
| | | Street City State Zlp Code | As of the date | te you file, the claim | is: Check | all that apply | | | |
| | Who incurre | d the debt? Check one. | ☐ Continger | nt | | | | | |
| | Debtor 1 o | only | ☐ Unliquidat | ted | | | | | |
| | Debtor 2 of | only | ☐ Disputed | | | | | | |
| | _ | and Debtor 2 only | • | ORITY unsecured cla | im: | | | | |
| | _ | ne of the debtors and another | ☐ Domestic | support obligations | | | | | |
| | _ | this claim is for a community | dobt Tayos and | d certain other debts | ou owo the | a government | | | |
| | | subject to offset? | | r death or personal in | | - | | | |
| | ■ No | oubject to entert. | ☐ Other. Sp | | ury willoy | od word intoxicated | | | |
| | ☐ Yes | | □ Other. Sp | Income tax | <u> </u> | | | | |
| | | | | | | | | | |
| Par | | II of Your NONPRIORITY U | | | | | | | |
| | | ors have nonpriority unsecure ve nothing to report in this part. | | | schedules | | | | |
| | Yes. | and part of the pa | | , , , , , , , , , , , , , , , , , , , | | | | | |
| | unsecured clai | r nonpriority unsecured claim m, list the creditor separately fo tor holds a particular claim, list t | r each claim. For each c | laim listed, identify w | at type of | claim it is. Do not list | claims already | included in P | art 1. If more |

Total claim

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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| Debto | or 1 Barbara J. Slade-Lanier | Case number (if know) | | |
|-------|---|---|-------------|--|
| 4.1 | Afni | Last 4 digits of account number 3780 | \$447.00 | |
| | Nonpriority Creditor's Name P.O. Box 3427 | When was the debt incurred? | <u> </u> | |
| | Bloomington, IL 61702 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify Collection-ALLTEL | | |
| 4.2 | Afni | Last 4 digits of account number 3835 | \$217.00 | |
| | Nonpriority Creditor's Name | | | |
| | P.O. Box 3427 | When was the debt incurred? | | |
| | Bloomington, IL 61702 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | As of the date you me, the dam is. Oneon an that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Collection-ALLTEL | | |
| 4.3 | Afni | Last 4 digits of account number 3883 | \$135.00 | |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | P.O. Box 3427 Bloomington, IL 61702 | when was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Collection-ALLTEL | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Buckeye Lending Solutions | Last 4 digits of account number | 4698 | \$430.94 |
|--|--|--|----------------|
| Nonpriority Creditor's Name 7001 Post Road | When was the debt incurred? | 2015 | V 10010 |
| Suite 300 Dublin, OH 43016-8755 Number Street City State Zlp Code | As of the date you file, the claim is | s: Check all that apply | |
| Who incurred the debt? Check one. | _ | s. Officer all that apply | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | 1.1 | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ Yes | Other. Specify Loan | ·· · | |
| Capital One | Last 4 digits of account number | 3382 | \$663.0 |
| Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0281 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separ report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| Capital One | Last 4 digits of account number | 5910 | \$1,656.0 |
| Nonpriority Creditor's Name P.O. Box 30281 Salt Lake City, UT 84130-0281 | When was the debt incurred? | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Barbara J. Slade-Lanier | | |
|--|--|-----------|
| Capital One Nonpriority Creditor's Name | Last 4 digits of account number XXXX | \$1,000.0 |
| P.O. Box 30281 Salt Lake City, UT 84130-0281 | When was the debt incurred? | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify Credit Card | |
| Cash Stop | Last 4 digits of account number 4698 | \$277.00 |
| Nonpriority Creditor's Name 655 Prospect Ave. E. Cleveland, OH 44115 | When was the debt incurred? 2015 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Payday Loan | |
| Certegy | Last 4 digits of account number 4698 | \$105.00 |
| Nonpriority Creditor's Name | | |
| Attn: Bankruptcy 11601 Roosevelt Blvd. | When was the debt incurred? 2011 | |
| Saint Petersburg, FL 33716 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| Check if this claim is for a community | Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other Specify Charge Account | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Check N Go | Last 4 digits of account number | 4698 | \$100.0 |
|---|--|---|----------------|
| Nonpriority Creditor's Name 7755 Montgomery Road Cincinnati, OH 45236 | When was the debt incurred? | 2015 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | □ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Payday Loa | an | |
| Citi | Last 4 digits of account number | 4698 | \$18,607.00 |
| Nonpriority Creditor's Name P.O. Box 6241 Allendale, IL 62410 | When was the debt incurred? | 2011 | |
| Number Street City State ZIp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | on plans, and other similar debts | |
| □ Yes | Other. Specify Credit Card | | |
| | | | 4-0- 40 |
| City of Cleveland -Water Dept. Nonpriority Creditor's Name | Last 4 digits of account number | 0000 | \$795.49 |
| 1201 Lakeside Ave. Cleveland, OH 44114 | When was the debt incurred? | 2015 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | ■ Other. Specify Utility | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| City of Cleveland Division of Water | Last 4 digits of account number | 9567 | \$810. |
|--|--|---|----------|
| Nonpriority Creditor's Name P.O. Box 94540 Cleveland, OH 44101-4540 | When was the debt incurred? | 2015 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| □ Yes | Other. Specify Utility | | |
| City of Cleveland Division of Water | Last 4 digits of account number | 6201 | \$1,197. |
| Nonpriority Creditor's Name | · · | | |
| 1201 Lakeside Avenue Cleveland, OH 44114 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Utility | | |
| Cleveland Public Library | Last 4 digits of account number | 4698 | \$10.0 |
| Nonpriority Creditor's Name | | | |
| Attn: Lending Dept. 325 Superior Ave | When was the debt incurred? | 2010 | |
| Cleveland, OH 44114 | | | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | Other. Specify Fees | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Credit Management LP | Last 4 digits of account number 4525 | \$377.00 |
|---|---|---------------------------------------|
| Nonpriority Creditor's Name 4200 International Parkway | When was the debt incurred? | |
| Carrollton, TX 75007-1912 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | - | |
| Debtor 1 only | Contingent | |
| Debtor 2 only | Unliquidated | |
| Debtor 1 and Debtor 2 only | Disputed | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | □ Debts to pension or profit-sharing plans, and other similar debts | |
| | | |
| □ Yes | ■ Other. Specify Collection-TW Northeast Ohio Division | |
| Credit One Bank | Last 4 digits of account number 4698 | \$737.00 |
| Nonpriority Creditor's Name PO Box 60500 City of Industry, CA 91716 | When was the debt incurred? 2011 | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify Credit Card | |
| Debt Credit Services | Last 4 digits of account number 0263 | \$55.00 |
| Nonpriority Creditor's Name | | · · · · · · · · · · · · · · · · · · · |
| 2493 Romig Rd. | When was the debt incurred? | |
| Akron, OH 44320 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the claim is. Oneon all that apply | |
| ■ Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | ■ Other Specify COLLECTION-ATT/SBC/-OHIO FACC | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Discover Bank | Last 4 digits of account number | 4698 | \$14,087 |
|--|--|---|----------|
| Nonpriority Creditor's Name P.O. Box 15316 Wilmington, DE 19850 | When was the debt incurred? | 2012 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| First Federal Credit Control | Last 4 digits of account number | 0162 | \$499 |
| Nonpriority Creditor's Name 24700 Chagrin Blvd Ste 205 | When was the debt incurred? | | |
| Beachwood, OH 44122 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , | , c | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Collection- | Slawinski MD | |
| Lerners | Last 4 digits of account number | 4698 | \$816. |
| Nonpriority Creditor's Name | | | • • • • |
| PO Box 182789 | When was the debt incurred? | 2011 | |
| Columbus, OH 43218-2789 Number Street City State Zlp Code | As of the date you file, the claim i | is. Check all that apply | |
| Who incurred the debt? Check one. | . So of the date you me, the claim | io. Onook an that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Credit Card | 1 | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Mitchel D. Blumh & Assoc | Last 4 digits of account number | 4698 | \$651.3 |
|--|--|---|------------|
| Nonpriority Creditor's Name 2222 Texoma Pkwy, Ste 160 Sherman, TX 75090 | When was the debt incurred? | 2014 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| □Yes | Other. Specify Collectiosn | for Euclid Hospital | |
| National Debt Holding, LLC | Last 4 digits of account number | 9901 | \$1,050.00 |
| Nonpriority Creditor's Name | | | |
| c/o Ashfield Management Services 733 Delaward Rd., STE 252 Buffalo, NY 14223 | When was the debt incurred? | 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Loan | | |
| NEORSD | Last 4 digits of account number | 0000 | \$630.02 |
| Nonpriority Creditor's Name P.O. Box 94550 Cleveland, OH 44101-4550 | When was the debt incurred? | 2015 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Utility | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| NEORSD | Last 4 digits of account number | 5646 | \$589.0 |
|--|--|---|-------------|
| Nonpriority Creditor's Name 8900 Euclid Avenue Cleveland. OH 44115 | When was the debt incurred? | 2017 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐Yes | Other. Specify Utility | | |
| PepperCash Nonpriority Creditor's Name | Last 4 digits of account number | 4422 | \$573.75 |
| P.O.Box 249 | When was the debt incurred? | | |
| Natersmeet, MI 49969 | | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ Debtor Fand Debtor 2 only ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐Yes | Other. Specify PayDay loa | <u>ın</u> | |
| Sallie Mae | Last 4 digits of account number | 2008 | \$25,291.00 |
| Nonpriority Creditor's Name PO Box 9635 | When was the debt incurred? | 2010 | |
| Wilkes Barre, PA 18773 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐Yes | Other. Specify | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| Barbara J. Slade-Lanier | | Case number (if know) | |
|---|---|---|------------|
| Sallie Mae | Last 4 digits of account number | 2007 | \$26,189.0 |
| Nonpriority Creditor's Name 11100 USA Pkwy Fishers, IN 46037 | When was the debt incurred? | 2010 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ■ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Student Lo | an | |
| | Otaciii Lo | uii | |
| Sallie Mae Nonpriority Creditor's Name | Last 4 digits of account number | 2009 | \$22,010.0 |
| 11100 USA Pkwy Fishers, IN 46037 | When was the debt incurred? | 2010 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ■ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| Yes | Other. Specify Student Lo | an | |
| | Student Lo | all | |
| Spotloan Nonpriority Creditor's Name | Last 4 digits of account number | 4698 | \$100.0 |
| c/o Bluechip Financial P.O. Box 720 | When was the debt incurred? | 2015 | |
| Belcourt, ND 58316 | | in Oharkall shad analy | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Спеск ан тлат арріу | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Payday Loa | an | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

| Debtor 1 Barbara J. Slade-Lanier | | Case number (if know) | |
|---|---|---|-------------------------|
| 4.3 Verizon | Last 4 digits of account numbe | er 4698 | \$310.00 |
| Nonpriority Creditor's Name P.O. Box 920041 Dallas, TX 75392 | When was the debt incurred? | 2011 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the clair | m is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecu | red claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a se report as priority claims | eparation agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sha | uring plans, and other similar debts | |
| ☐ Yes | Other Specify Service F | ees | |
| | | | |
| Part 3: List Others to Be Notified About a D | ebt That You Already Listed | | |
| . Use this page only if you have others to be notified is trying to collect from you for a debt you owe to s have more than one creditor for any of the debts th notified for any debts in Parts 1 or 2, do not fill out | someone else, list the original creditor nat you listed in Parts 1 or 2, list the ad | in Parts 1 or 2, then list the collection agency | here. Similarly, if you |
| Name and Address | On which entry in Part 1 or Part 2 did yo | <u> </u> | |
| Anderson Financial PO Box 3097 | Line 4.1 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | |
| Bloomington, IL 61702 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| | Last 4 digits of account number | xxxx | |
| Name and Address CF Medical LLC PO Box 209 | On which entry in Part 1 or Part 2 did you Line 4.22 of (Check one): | Part 1: Creditors with Priority Unsecured Claim | |
| Salem, NH 03079 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| · | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | | |
| Checksmart 18235 Euclid Avenue | | Part 1: Creditors with Priority Unsecured Claim | |
| Cleveland, OH 44112 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | |
| Euclid Hospital | ` | Part 1: Creditors with Priority Unsecured Claim | |
| P.O. Box 74405 Cleveland, OH 44194 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | |
| Midland Funding LLC | | ☐ Part 1: Creditors with Priority Unsecured Claim | |
| 2365 Northside Dr. Suite 300 San Diego, CA 92108 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| oan biego, oa sz too | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | |
| Navient | Line 4.28 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claim | าร |
| P.O. Box 9460 Wilkes Barre, PA 18773-9460 | | ■ Part 2: Creditors with Nonpriority Unsecured C | Claims |
| Wilkes Balle, FA 10775-5400 | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | ou list the original creditor? | |
| Unique National Collections | | ☐ Part 1: Creditors with Priority Unsecured Claim | ns |
| | | | |
| | | Part 2: Creditors with Nonpriority Unsecured C | Claims |
| 119 East Maple Street Jeffersonville, IN 47130 | | Part 2: Creditors with Nonpriority Unsecured C | Claims |

Part 4: Add the Amounts for Each Type of Unsecured Claim

Schedule E/F: Creditors Who Have Unsecured Claims

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Official Form 106 E/F

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|----------------------|-----|---|-----|------------------|
| Total | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| claims rom Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 102.74 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 102.74 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 73,490.00 |
| Total claims | | | | |
| rom Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 46,927.03 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 120,417.03 |

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--------------------------|-------------------|-----------|--|--------------------------------------|
| Debtor 1 | Barbara J. Slade-Lanier | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Name, Number, Street, City, State and ZIP Code | | | | State what the contract or lease is for |
|-----|--|--------|-------|----------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

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| Fill in this | information to identify your | case: | | | |
|--------------------------------|--|---|--|--|---|
| Debtor 1 | Barbara J. Slade- | | | | |
| Debior 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| Case numb | per | | | | ☐ Check if this is an amended filing |
| Official | Form 106H | | | | |
| Sched | ule H: Your Cod | ebtors | | | 12/15 |
| people are fill it out, an | filing together, both are equ | ally responsible for supp boxes on the left. Attach Answer every question | olying correct informate to the Additional Page (). | tion. If more space is n to this page. On the top | ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write |
| _ ` | ou have any codebiors: (ii | you are ming a joint case, | do not list either spouse | s as a codebior. | |
| ■ No □ Yes | | | | | |
| | uin the last 8 years, have you a, California, Idaho, Louisiana | | | | y states and territories include |
| | Go to line 3. Did your spouse, former spor | use, or legal equivalent live | e with you at the time? | | |
| in line Form 1 | 2 again as a codebtor only i | f that person is a guaran | tor or cosigner. Make | sure you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor lame, Number, Street, City, State and Z | IP Code | | Column 2: The cre Check all schedule | editor to whom you owe the debt ss that apply: |
| 3.1 | | | | ☐ Schedule D, line | e |
| | Name | | | ☐ Schedule E/F, li | · |
| | Number Street City | State | ZIP Code | _ | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule B, line ☐ Schedule E/F, li ☐ Schedule G, line | ine |
| | Number Street City | State | ZIP Code | _ | |

Schedule H: Your Codebtors

| | in this information to identify your c | ase: | | | | | | | | |
|--|--|--|---|---------------------|---------------------------|---|-----------------------------|---------------------------|-----------------|--|
| | otor 1 Barbara J. S | | | | | | | | | |
| | otor 2 | | | | _ | | | | | |
| Unit | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF OHIO | | | | | | | |
| Case number (If known) | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter | | | | |
| \bigcirc | fficial Form 1061 | | | | | 13 income | as of the fol | lowing date: | | |
| | fficial Form 106l chedule I: Your Inc | | | | | MM / DD/ Y | YYY | | | |
| Be a supp spou attac | as complete and accurate as posplying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | sible. If two married peo are married and not filir ir spouse is not filing wi | ng jointly, and your s th you, do not includ | pouse i e infori | s living wi nation abo | th you, inclu out your spo | ude informa ouse. If mor | ation about e space is | your needed, | |
| 1. | Fill in your employment | | | | | | | | | |
| 1. | information. | | Debtor 1 | Debtor 1 | | Debtor 2 or non-filing spouse | | | | |
| ; | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed□ Not employed | | | ☐ Employed ☐ Not employed | | | | |
| | employers. | Occupation | Conference Cordinator | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Ogletree Deakins (864) 241-1900 | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 50 International I | | E200 | | | | | |
| | | How long employed th | here? 1 year | | | _ | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| spou If you | mate monthly income as of the duse unless you are separated. u or your non-filing spouse have mee space, attach a separate sheet to | ore than one employer, co | , G | | | | | · | Ü | |
| | | | | | For D | ebtor 1 | For Debt | tor 2 or g spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 2,311.16 | \$ | N/A | | |
| 3. Estimate and list monthly overtime pay. | | | | 3. | +\$ | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Income. Add lin | ne 2 + line 3. | | 4. | \$2 | 311.16 | \$ | N/A | | |

Official Form 106I Schedule I: Your Income page 1

| | | | For | Debtor 1 | | Debtor 2 | | |
|-----|---|------------|------------|-----------------|----------|----------|----------------|--|
| | Copy line 4 here | 4. | \$ | 2,311.16 | \$ | 9 - | N/A | _ |
| 5. | List all payroll deductions: | | _ | | | | | _ |
| | 5a. Tax, Medicare, and Social Security deductions | 5a. | \$ | 456.00 | \$ | | N/A | |
| | 5b. Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | _ |
| | 5c. Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | _ |
| | 5d. Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | | N/A | _ \ |
| | 5e. Insurance | 5e. | \$ | 163.35 | \$ | | N/A | _ \ |
| | 5f. Domestic support obligations | 5f. | \$ | 0.00 | \$ | | N/A | \ |
| | 5g. Union dues | 5g. | \$ | 0.00 | \$ | | N/A | _ |
| | 5h. Other deductions. Specify: | 5h | + \$_ | 0.00 | + \$ | | N/A | <u> </u> |
| 6. | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 619.35 | \$ | | N/A | <u>. </u> |
| 7. | Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 1,691.81 | \$ | | N/A | <u>.</u> |
| 8. | List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. Interest and dividends | 8b. | \$_ | 0.00 | \$ | | N/A | _ |
| | 8c. Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation | 8c. 8d. | \$_ \$_ | 0.00 | \$ \$ | | N/A N/A | |
| | 8e. Social Security | 8e. | · · · | 0.00 | э \$ | | N/A | _ |
| | 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ | 0.00 | \$ | | N/A | _ |
| | 8g. Pension or retirement income | 8g. | \$ | 0.00 | \$ | | N/A | |
| | 8h. Other monthly income. Specify: Overwithholding from taxes | 8h | + \$_ | 300.00 | + \$ | | N/A | <u> </u> |
| 9. | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 300.00 | \$ | | N/ | A |
| 10. | Calculate monthly income. Add line 7 + line 9. | 10. \$ | 5 | 1,991.81 + \$ | | N/A = | = \$ | 1,991.81 |
| | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | - | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. | State all other regular contributions to the expenses that you list in <i>Schedu</i> . Include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are no Specify: | ur deper | | • | | | J. +\$ | 0.00 |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The re Write that amount on the Summary of Schedules and Statistical Summary of Cert applies | | | | | L | \$ | 1,991.81 |
| 13. | Do you expect an increase or decrease within the year after you file this form | m? | | | | | Combi nonth | ned ly income |
| | No. Yes. Explain: Starting Januarn 1, 2016, debtor will be receiving as estimated overtime. | ng a \$.7 | 75 pe | r hour raise. T | hat is | listed i | n sch | edule I |

Official Form 106I Schedule I: Your Income page 2

| Fill in | n this informa | tion to identify yo | our case: | | | | | | |
|----------------------|---|---|--|---|-----------------------|------------|-------------------|-------------------------------|-----|
| Debto | or 1 | Barbara J. S | lade-Lan | ier | | Ch | eck if this is: | | |
| | | | | - | - | | An amended filing | 9 | |
| Debto | | | | | | | | owing postpetition chapter | |
| (Spot | use, if filing) | | | | | | 13 expenses as o | of the following date: | |
| Unite | d States Bankr | uptcy Court for the | : NORTH | HERN DISTRICT OF OHIO | | | MM / DD / YYYY | | |
| | number | | | | | | | | |
| (If kno | own) | | | | | | | | |
| Off | ficial Fo | rm 106J | | | | | | | |
| Sc | hedule | J: Your | Exper | ISES | | | | 12/ | /15 |
| Be a infor num | s complete a rmation. If m ber (if know | and accurate as ore space is ne n). Answer ever | possible. eded, atta ry question | . If two married people ar ch another sheet to this | | | | | |
| Part 1. | 1: Descr Is this a joir | ibe Your House | hold | | | | | | _ |
| ١. | _ | | | | | | | | |
| | ■ No. Go to | | in a conor | ate household? | | | | | |
| | | | ın a separ | ate nousenoid? | | | | | |
| | □ N □ Y | | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | hold of De | ebtor 2. | | |
| 2. | Do you have | e dependents? | ■ No | | | | | | |
| | Do not list Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | □ No | |
| | dependents | names. | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | _ Yes | |
| | | | | | | | | ☐ No | |
| | | | | | | | | _ 🗆 Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | _ | |
| | expenses of | enses include f people other t d your depende | han $_{m \Box}$ | No Yes | | | | | |
| expe | mate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | € |
| the v | | n assistance an | | government assistance it cluded it on <i>Schedule I: Y</i> | | | Your ex | penses | |
| 4. | | or home owners | | ses for your residence. In r lot. | nclude first mortgage | e 4. | \$ | 289.85 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | rty, homeowner's | s, or renter | 's insurance | | 4b. | · | 0.00 | |
| | | - | | ıpkeep expenses | | 4c. | \$ | 100.00 | |
| | 4d. Home | owner's associat | ion or cond | dominium dues | | 4d. | \$ | 0.00 | |
| 5 | Additional | nortagae nove | onto for ve | our residence, such as ho | ma aquitu laana | 5 | Ф | 0.00 | |

| ill in this infor | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
|--|--|---|---|---|
| ebtor 1 | Barbara J. Slade- | | | |
| | First Name | Middle Name | Last Name | |
| ebtor 2 pouse if, filing) | First Name | Middle Name | Last Name | |
| Inited States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | |
| ase number | | | | |
| f known) | | | | ☐ Check if this is an amended filing |
| Official Forr | n 106Dec | | | |
|)eclarat | ion About a | n Individua | I Debtor's Sche | dules |
| | | | | |
| u must file thi | s form whenever you fi | ile bankruptcy schedule n connection with a ban | | nformation. ing a false statement, concealing property, s up to \$250,000, or imprisonment for up to |
| ou must file thi otaining money ears, or both. 1 | s form whenever you fi | ile bankruptcy schedule n connection with a ban | es or amended schedules. Mak | ing a false statement, concealing property, |
| ou must file thi otaining money ears, or both. 1 | s form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | es or amended schedules. Mak | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to |
| ou must file thi otaining money ears, or both. 1 | s form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | es or amended schedules. Mak nkruptcy case can result in fine | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to |
| ou must file thi otaining money ears, or both. 1 Sign Did you pa | s form whenever you fi y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 | ile bankruptcy schedule n connection with a ban 1519, and 3571. | es or amended schedules. Mak nkruptcy case can result in fine | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to |
| Did you pa No Yes. 1 | s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below y or agree to pay some Name of person | ile bankruptcy schedule n connection with a ban 1519, and 3571. | es or amended schedules. Mak nkruptcy case can result in fine | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to uptcy forms? Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form |
| Did you pa No Yes. N Under penathat they are | s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below y or agree to pay some Name of person Ity of perjury, I declare | ile bankruptcy schedulen connection with a ban 1519, and 3571. | es or amended schedules. Mak nkruptcy case can result in fine orney to help you fill out bankru mmary and schedules filed with | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to uptcy forms? Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form this declaration and |
| Did you pa No Yes. N Under penathat they are X /s/ Bar Barbar | s form whenever you fi y or property by fraud it 8 U.S.C. §§ 152, 1341, 1 In Below y or agree to pay some Name of person Ity of perjury, I declare e true and correct. | ile bankruptcy schedulen connection with a ban 1519, and 3571. | es or amended schedules. Mak nkruptcy case can result in fine orney to help you fill out bankru | ing a false statement, concealing property, is up to \$250,000, or imprisonment for up to uptcy forms? Attach Bankruptcy Petition Preparer's No Declaration, and Signature (Official Form this declaration and |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in this info | rmation to identify you | r case: | | | |
|---------------------|--|--|---|--|---|
| Debtor 1 | Barbara J. Slade | e-Lanier | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRICT (| OF OHIO | | |
| Case number | | | | | |
| (if known) | | | | _ | check if this is an mended filing |
| | | | | | |
| Official F | | | | | |
| Statemen | t of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| information. If | | attach a separate sheet to | | equally responsible for sup y additional pages, write you | |
| | , | arital Status and Where You | Lived Before | | |
| 1. What is yo | our current marital statu | ıs? | | | |
| ☐ Marrie | ed | | | | |
| ■ Not m | arried | | | | |
| 2. During the | last 3 years, have you | lived anywhere other than | where you live now? | | |
| ■ No | | | | | |
| _ | ist all of the places you l | ived in the last 3 years. Do no | ot include where you live now | <i>1</i> . | |
| Debtor 1 | Prior Address: | Dates Debtor 1 | Debtor 2 Prior Ad | dress: | Dates Debtor 2 |
| | | lived there | | | lived there |
| | | | | ity property state or territory | |
| ■ N. | | | | | |
| ■ No □ Yes. N | Make sure vou fill out <i>Sci</i> | hedule H: Your Codebtors (Of | fficial Form 106H). | | |
| | • | · · | , | | |
| Part 2 Expl | lain the Sources of You | r Income | | | |
| Fill in the to | otal amount of income yo | u received from all jobs and a | all businesses, including part | | ndar years? |
| If you are fi | iling a joint case and you | have income that you receive | e together, list it only once ur | nder Debtor 1. | |
| □ No | | | | | |
| ■ Yes. F | Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$2,130.09 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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| | | | Debtor 1 | | Debtor 2 | | |
|-----------------------------------|--|--|---|--|---|-----------------------------------|---|
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| For last cale (January 1 t | endar year: o December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$28,399.00 | ☐ Wages, combonuses, tips | missions, | |
| | | | ☐ Operating a business | | ☐ Operating a | business | |
| | endar year be to December | | ■ Wages, commissions, bonuses, tips | \$24,025.56 | ☐ Wages, combonuses, tips | missions, | |
| | | | ☐ Operating a business | | ☐ Operating a | business | |
| For the cale (January 1 t | ndar year: o December | 31, 2014) | ■ Wages, commissions, bonuses, tips | \$27,885.75 | ☐ Wages, combonuses, tips | missions, | |
| | | | ☐ Operating a business | | ☐ Operating a | business | |
| and othe winnings List each | er public benef s. If you are fili | iit payments; ng a joint cas he gross inco | er that income is taxable. Exa pensions; rental income; inter- e and you have income that y me from each source separat | est; dividends; money collect ou received together, list it o | eted from lawsuits; only once under De | royalties; and ebtor 1. | ecurity, unemployment, digambling and lottery |
| | | | Debtor 1 | | Debtor 2 | | |
| | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Part 3: Li | st Certain Pa | yments You | Made Before You Filed for E | Bankruptcy | | | |
| 6. Are eith □ No. | Neither De individual p During the □ No. □ Yes | ebtor 1 nor D primarily for a 90 days befo Go to line 7 List below e paid that cre not include | s debts primarily consumer ebtor 2 has primarily consupersonal, family, or household re you filed for bankruptcy, did and creditor to whom you paid editor. Do not include payment payments to an attorney for the on 4/01/19 and every 3 years | mer debts. Consumer debted purpose." d you pay any creditor a total d a total of \$6,425* or more ts for domestic support obliquis bankruptcy case. | al of \$6,425* or mo in one or more pay gations, such as ch | re? ments and thild support an | ne total amount you nd alimony. Also, do |
| ■ Yes | • | • | r both have primarily consu | | or arter the date of | i aujustinent. | |
| | | | re you filed for bankruptcy, did | | I of \$600 or more? | 1 | |
| | ■ No. □ Yes | Go to line 7 | | d a total of CCCC | d the total areas | | araditar De |
| | □ Yes | include pay | each creditor to whom you paid ments for domestic support ob this bankruptcy case. | | | | |
| Credito | or's Name and | d Address | Dates of payme | | Amount you still owe | Was this p | ayment for |
| | | | | paid | 2011 OMG | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

Describe the action the creditor took

■ No

☐ Yes

Yes. Fill in the details.

Creditor Name and Address

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Amount

Date action was

taken

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Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 4

Best Case Bankruptcy

| | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but include both outright transfers and transfers mainclude gifts and transfers that you have already in the yes. Fill in the details. | usiness or financial affa ide as security (such as t | t irs? he granting of a s | | | |
|-----|--|---|---------------------------------------|--------------------------|---|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | payment | e any property or is received or debts exchange | Date transfer was made |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | y property to a s | elf-settled t | rust or similar device c | of which you are a |
| | Name of trust | Description and v | alue of the prope | erty transfe | rred | Date Transfer was made |
| 20. | List of Certain Financial Accounts, Ins Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details. | y, were any financial accour | counts or instrui | ments held of deposit; s | | , |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | · · · · · · · · · · · · · · · · · · · | | ate account was losed, sold, noved, or ansferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution | rear before you filed for | | safe depos | | cory for securities, |
| | Address (Number, Street, City, State and ZIP Code) | Address (Number, State and ZIP Code) | | | | have it? |
| 22. | Have you stored property in a storage unit o ■ No □ Yes. Fill in the details. | r place other than your | home within 1 y | ear before y | ou filed for bankruptc | y? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe the | e contents | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that sor for someone. No Yes. Fill in the details. | neone else owns? Inclu | ide any property | you borrov | ved from, are storing fo | or, or hold in trust |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe the | e property | Value |
| | t 10: Give Details About Environmental Info | | | | | |

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Official Form 107

page 5

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? п Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number** Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

Part 12: Sign Below

Name

Address

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Date Issued

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☐ Yes. Fill in the details below.

(Number, Street, City, State and ZIP Code)

Best Case Bankruptcy

| with a | | ing a false statement, concealing property, or obtain up to \$250,000, or imprisonment for up to 20 years, o | 0 , , , , , |
|---------|---------------------------------------|---|-----------------------------------|
| /s/ Ba | rbara J. Slade-Lanier | | |
| Barba | ara J. Slade-Lanier | Signature of Debtor 2 | |
| Signat | ture of Debtor 1 | | |
| Date | January 30, 2017 | Date | |
| Did you | u attach additional pages to Your Sta | ntement of Financial Affairs for Individuals Filing fo | r Bankruptcy (Official Form 107)? |
| No | | | |
| □ Yes | | | |
| Did you | u pay or agree to pay someone who | is not an attorney to help you fill out bankruptcy for | ms? |
| No | | | |

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known)

Official Form 107

Debtor 1 Barbara J. Slade-Lanier

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this information to identify your case: | | | | | | | | |
|---|---|--|--|--|--|--|--|--|
| Debtor 1 | Barbara J. Slade-Lanier | | | | | | | |
| Debtor 2 (Spouse, if filing) | | | | | | | | |
| United States B | sankruptcy Court for the: Northern District of Ohio | | | | | | | |
| Case number (if known) | | | | | | | | |
| | | | | | | | | |

| Check | as directed in lines 17 and 21: | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | | | |
| 1. Disposable income is not determined to 11 U.S.C. § 1325(b)(3). | | | | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part | 1: Calculate Your Average Monthly Income | | | | | | | | |
|----------|--|----------------------------------|-----------------------|-------------------------------------|---------------|-------------------|-------------------|--|-------------------------------|
| 1. | What is your marital and filing status? Check one of | nly. | | | | | | | |
| | ■ Not married. Fill out Column A, lines 2-11. | | | | | | | | |
| | ☐ Married. Fill out both Columns A and B, lines 2-11. | | | | | | | | |
| 10 th | II in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-re 6 months, add the income for all 6 months and divide the total ouses own the same rental property, put the income from that | month perio | od would in the re | l be March 1 th sult. Do not inc | rougl lude | h Augu any ind | st 31. If the amo | ount of your monthly income ore than once. For example | e varied during e, if both |
| | | | | | _ | Columi Debtor | | Column B Debtor 2 or non-filing spouse | |
| 2. | Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and con | nmissio | ons (before a | II \$ | | 2,310.00 | \$ | |
| 3. | Alimony and maintenance payments. Do not include Column B is filled in. | e paymen | ts from | a spouse if | \$ | i | 0.00 | \$ | |
| 4. | All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Include regular contributions from a s filled in. Do not include payments you listed on line 3. | t. Include ld, your de | regulai epende | contributions nts, parents, | S | | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debtor 1 | | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here | ->\$ | | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debtor 1 | | | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | | |
| | Net monthly income from rental or other real property | \$ | 0.00 | Copy here | ->\$ | | 0.00 | \$ | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing s | | |
|------|--|--------------|-------------------|-----------|-----------------------------------|--------------|------------|
| 7. | Interest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| 8. | Unemployment compensation | | \$ | 0.00 | \$ | | |
| | Do not enter the amount if you contend that the amount received was a benefite Social Security Act. Instead, list it here: | efit under | | | | | |
| | For you \$ 0 For your spouse \$ | .00 | | | | | |
| | For your spouse \$ | | | | | | |
| | Pension or retirement income. Do not include any amount received that w benefit under the Social Security Act. | | \$ | 0.00 | \$ | | |
| | Income from all other sources not listed above. Specify the source and a Do not include any benefits received under the Social Security Act or payme received as a victim of a war crime, a crime against humanity, or international domestic terrorism. If necessary, list other sources on a separate page and potal below. | nts al or | | | | | |
| | Overwitholding from taxes | | \$3 | 300.00 | \$ | | |
| | | | \$ | 0.00 | \$ | | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ | 2,610.00 | + \$ | | = \$ | 2,610.00 |
| | | | | J L | | | average |
| Part | 2: Determine How to Measure Your Deductions from Income | | | | | mont | hly income |
| | | | | | | | |
| 12. | Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: | | | | | \$ | 2,610.00 |
| 13. | You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not filing with you. | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NO |)T regula | arly paid for th | e househ | old expenses | of vou or v | our/ |
| | dependents, such as payment of the spouse's tax liability or the spouse | 's suppo | rt of someone | other tha | n you or your | depender | nts. |
| | Below, specify the basis for excluding this income and the amount of in adjustments on a separate page. | come dev | voted to each | purpose. | If necessary, | list additio | nal |
| | If this adjustment does not apply, enter 0 below. | ¢ | | | | | |
| | | - Ψ — \$ | | _ | | | |
| | | +\$ | | _ | | | |
| | Total | \$ | 0.00 | Cor | y here=> | _ | 0.00 |
| | Total | _ | | | , | | |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 2,610.00 |
| 15. | 45a Carrillian 44 harra | | | | | e . | 2,610.00 |
| | 15a. Copy line 14 here=> | | | | | Ψ | |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | x 12 | 2 |
| | 15b. The result is your current monthly income for the year for this part of | the form. | | | | \$3 | 1,320.00 |
| | | | | | | | |

| Debto | or 1 | Bar | bara J. Slade-Lanier | | Case number (if known) | | |
|-------|------------|----------|---|--------------------------|--|---------------|-----------------|
| 16. | Calc | culate | e the median family income that applies to y | ou. Follow these ste | eps: | | |
| | 16a | . Fill i | n the state in which you live. | ОН | | | |
| | 16h | Fill i | n the number of people in your household. | 1 | | | |
| | | | n the median family income for your state and | <u>-</u> | | \$ | 45,666.00 |
| | 100. | To f | ind a list of applicable median income amounts ructions for this form. This list may also be avai | s, go online using the | | Φ_ | |
| 17. | Hov | v do 1 | the lines compare? | | | | |
| | 17a. | | Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| | 17b. | . [| Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a | ulation of Your Disp | | | |
| Part | 3: | Ca | alculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 18. | Сор | у уо | ur total average monthly income from line 1 | 1. | | \$ | 2,610.00 |
| | Ded | uct t | he marital adjustment if it applies. If you are hat calculating the commitment period under 1 income, copy the amount from line 13. | married, your spous | e is not filing with you, and you | | |
| | 19a. | . If the | e marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| | 19b. | Sub | tract line 19a from line 18. | | | \$ | 2,610.00 |
| 20. | Cald | culate | e your current monthly income for the year. | Follow these steps: | | | |
| | | | y line 19b | | | \$ | 2,610.00 |
| | | Mult | iply by 12 (the number of months in a year). | | | | 12 |
| | 20b | . The | result is your current monthly income for the year | ear for this part of the | e form | \$_ | 31,320.00 |
| | 20c. | Сор | y the median family income for your state and | size of household fro | om line 16c | \$_ | 45,666.00 |
| | 21. | Hov | v do the lines compare? | | | | |
| | | • | Line 20b is less than line 20c. Unless otherwing period is 3 years. Go to Part 4. | se ordered by the co | urt, on the top of page 1 of this form, ch | neck box 3, 7 | The commitment |
| | | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise order | ed by the court, on the top of page 1 of | this form, ch | neck box 4, The |
| Part | 4: | Si | gn Below | | | | |
| | By s | ignin | g here, under penalty of perjury I declare that t | he information on thi | s statement and in any attachments is | true and cor | rect. |
| Х | (/s/ | Bar | bara J. Slade-Lanier | | | | |
| | Ba | ırbar | ra J. Slade-Lanier re of Debtor 1 | | | | |
| | _ | • | nuary 30, 2017 | | | | |
| | _ ~ | | // DD / YYYY | | | | |
| | If yo | u che | ecked 17a, do NOT fill out or file Form 122C-2. | | | | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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Best Case Bankruptcy

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| Debtor 1 | Barbara J. Slade-Lanier | Case number (if known) | |
|----------|-------------------------|------------------------|--|
| | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2016 to 12/31/2016.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions Source of Income: Ogletree Deakins
Constant income of \$2,310.00 per month.

Line 10 - Income from all other sources Source of Income: Overwitholding from taxes Constant income of \$300.00 per month.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re | Barbara J. Slade-Lanier | | Case No | | |
|----------------|---|---|--|-----------------------|-----------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTOR | RNEY FOR D | EBTOR(S) | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filir per rendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy, | or agreed to be pai | d to me, for services | |
| | | | | 3,000.00 | |
| | Prior to the filing of this statement I have received. | | \$ | 100.00 | |
| | Balance Due | | | 2,900.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed comp | ensation with any other person | unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensations of the agreement, together with a list of the national states. | | | | law firm. A |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| l | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credited [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho | ement of affairs and plan which ors and confirmation hearing, ar educe to market value; exe ons as needed; preparation | may be required; ad any adjourned he emption planning | earings thereof; | I filing of |
| 6. l | By agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | e does not include the following | | ces, relief from st | ay actions or |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement for | payment to me for | representation of the | debtor(s) in |
| Ja | anuary 30, 2017 | /s/ Melissa L. Res | ar | | |
| \overline{D} | ate | Melissa L. Resar Signature of Attorne | | | |
| | | Rauser & Associa | | | |
| | | 614 W. Superior # | | | |
| | | Cleveland, OH 44 216-263-6200 Fa | | | |
| | | www.ohiolegalcli | | | |
| | | Name of law firm | | | |
| | | | | | |

United States Bankruptcy Court Northern District of Ohio

| n re barbara J. Slade-Lamer | | Case No. | |
|-------------------------------------|---|-------------------|-----------------------|
| | Debtor(s) | Chapter | 13 |
| VEI | RIFICATION OF CREDITOR N | MATRIX | |
| e above-named Debtor hereby verifie | es that the attached list of creditors is true and co | rrect to the best | of his/her knowledge. |
| Date: January 30, 2017 | /s/ Barbara J. Slade-Lanier Barbara J. Slade-Lanier | | |

Signature of Debtor

Afni P.O. Box 3427 Bloomington, IL 61702

AmeriCredit PO Box 183593 Arlington, TX 76096

Anderson Financial PO Box 3097 Bloomington, IL 61702

Beneficial Financial 2929 Walden Ave. Depew, NY 14043

Buckeye Lending Solutions 7001 Post Road Suite 300 Dublin, OH 43016-8755

Caliber Home Loans Bankruptcy Department P.O. Box 24330 Oklahoma City, OK 73124-0330

Capital One P.O. Box 30281 Salt Lake City, UT 84130-0281

Capital Source Bank 24831 Network Place Chicago, IL 60673

Cash Stop 655 Prospect Ave. E. Cleveland, OH 44115

Certegy Attn: Bankruptcy 11601 Roosevelt Blvd. Saint Petersburg, FL 33716

CF Medical LLC PO Box 209 Salem, NH 03079

Check N Go 7755 Montgomery Road Cincinnati, OH 45236

Checksmart 18235 Euclid Avenue Cleveland, OH 44112 Citi P.O. Box 6241 Allendale, IL 62410

City of Cleveland -Water Dept. 1201 Lakeside Ave. Cleveland, OH 44114

City of Cleveland Division of Water P.O. Box 94540 Cleveland, OH 44101-4540

City of Cleveland Division of Water 1201 Lakeside Avenue Cleveland, OH 44114

Cleveland Public Library Attn: Lending Dept. 325 Superior Ave Cleveland, OH 44114

Credit Management LP 4200 International Parkway Carrollton, TX 75007-1912

Credit One Bank PO Box 60500 City of Industry, CA 91716

Cuyahoga County Fiscal Office 2079 East 9th Street Cleveland, OH 44115

Debt Credit Services 2493 Romig Rd. Akron, OH 44320

Discover Bank P.O. Box 15316 Wilmington, DE 19850

Euclid Hospital P.O. Box 74405 Cleveland, OH 44194

First Federal Credit Control 24700 Chagrin Blvd Ste 205 Beachwood, OH 44122

GM Financial PO Box 181145 Arlington, TX 76096 Integrity Funding Ohio 3440 Preston Ridge Rd., STE 500 Alpharetta, GA 30005

Lerners PO Box 182789 Columbus, OH 43218-2789

Midland Funding LLC 2365 Northside Dr. Suite 300 San Diego, CA 92108

Mitchel D. Blumh & Assoc 2222 Texoma Pkwy, Ste 160 Sherman, TX 75090

National Debt Holding, LLC c/o Ashfield Management Services 733 Delaward Rd., STE 252 Buffalo, NY 14223

Navient P.O. Box 9460 Wilkes Barre, PA 18773-9460

NEORSD P.O. Box 94550 Cleveland, OH 44101-4550

NEORSD 3900 Euclid Avenue Cleveland, OH 44115

PepperCash P.O.Box 249 Watersmeet, MI 49969

Sallie Mae PO Box 9635 Wilkes Barre, PA 18773

Sallie Mae 11100 USA Pkwy Fishers, IN 46037

Spotloan c/o Bluechip Financial P.O. Box 720 Belcourt, ND 58316

State of Ohio Department of Taxation P.O. Box 182402 Columbus, OH 43218 Tax Lien Law Group 27 North Wacker Dr., #503 Chicago, IL 60606

Unique National Collections 119 East Maple Street Jeffersonville, IN 47130

Verizon P.O. Box 920041 Dallas, TX 75392